

Green Mountain Care Board
General Advisory Committee Meeting
Monday, September 9, 2019
2:00 pm

Advisory Committee Member Attendees	Gail Auclair*, Jennifer Bertrand, Bob Bick, Walter Carpenter, Joshua Plavin (in Micah Demers stead), Trey Dobson*, Rick Dooley, Allison Ebrahimi-Gold*, Jason Garbarino, Sharon Gutwin, Terry Holden, Samuel Liss, John Macy, Kathy Mahoney, Jeffrey McKee*, Mark Nunlist, David Sichel, James Ulager*
GMCB Attendees	Kevin Mullin, Jessica Holmes, Tom Pelham, Robin Lunge, Maureen Usifer, Amerin Aborjaily, Jessica Mendizabal, Melissa Miles, Abigail Connolly, Lindsay Kill
Other Attendees	Mike Fisher, Jennifer Kaulius, Kirsten Murphy, Jill Sudoff-Guerin, Alena Berube*
* Attended by phone	

1. Welcome & GMCB Updates

- a. The Committee members introduced themselves. Chair Kevin Mullin updated the committee on the Board's recent work since May's meeting. Kevin Mullin reviewed the average rates for the 2020 Vermont Health Connect Plans that the Board approved in July and the process for approving those rates. Board Member Robin Lunge explained that in the past they spoke with the GMCB legal team about the potential of including the input from the then General Advisory Committee as well as the Primary Care Group, but found that since rate review is a quasi-judicial process the Board can listen to input from public comment but cannot use it as evidence.

Kevin Mullin updated the Committee on where the Board is in the hospital budget process and the challenges with the financial stability of the small rural hospitals in the state. The Committee discussed access for patients, population decline, the Blueprint for Health community health profiles, the balance of controlling costs and providing quality care, and the lack of transparency of the cost of health services. Kevin Mullin reviewed the Net Patient Revenue annual growth since FY 2001, and the annual growth since FY 2012 when the Board was created. Kevin Mullin shared the Center for Medicare & Medicaid Innovation All-Payer Model (APM) Site Visit in July was successful and included conversations about fixed prospective payment reserves for Medicare and a possible extension of the APM agreement.

- b. **Follow up:** The group expressed interest in discussing ways to control health care costs while ensuring high quality and accessible care at a future meeting.

2. Health Resource Allocation Plan (HRAP) Overview & Discussion

- a. Jessica Mendizabal reviewed Act 167 of 2018 and the requirements for the HRAP plan the GMCB is charged with updating. HRAP will identify Vermont's critical health needs, goods, services, and resources using the State Health Improvement Plan (SHIP), Community Health Needs Assessments (CHNA), health care workforce information, and materials provided to the Board. The Board will take recommendations on the plan from the General Advisory Group and accept public comment in the process. Phase 1 includes identifying health resources that are available and the health needs that to focus on. Phase 1 deliverables include an inventory of health resources, a profile of health needs and

priorities, a gap analysis between resources and priorities, utilization trends, and cost estimates of filling gaps. Jessica Mendizabal reviewed the HRAP 2020 timeline, the stakeholder and public input process, the community profile of health needs, the inventory of health sectors, and the progress to date. She spoke about the notable success of the standardized non-financial reporting to understand Hospital Service Area priorities based on Community Health Needs Assessments.

The presentation described an example of the Certificate of Need use case which looked at a hypothetical request to increase dialysis stations at a given facility to support End Stage Renal disease. Jessica Mendizabal reviewed areas for analysis such as community-based needs, workforce/staffing and training to support home dialysis. Jessica Mendizabal presented the proof-of-concept for an analytic tool, which mapped existing dialysis facilities and incidence of ESRD to demonstrate where there may be geographic gaps in services. The Committee also reviewed recommendations to consider regarding utilization variation and provided additional feedback around measuring “over and under” utilization, which GMCB is statutorily required to analyze in the HRAP. The HRAP team is looking for additional feedback from the group around measures to indicate community and statewide needs.

- b. **Follow up:** Jessica Mendizabal has provided a list of the potential data sets for the HRAP, along with a handout that includes some follow up questions for the group related to measures of needs and resources for health care priority sectors. Please send responses/feedback directly to Jessica Mendizabal.

3. Public Comment

- a. None

4. Adjourn